

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		48	10/16/01
FORMALITY REVIEW	YG	956	11/06/01
RESPONSE FORMALITY REVIEW	BZ	897	03-20-02

JC44956

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	10/16/01
Original	10/17/01
1	10/17/01
2	10/17/01
3	10/17/01
4	10/17/01
5	10/17/01
6	10/17/01
7	10/17/01
8	10/17/01
9	10/17/01
10	10/17/01
11	10/17/01
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27	10/17/01
28	10/17/01
29	10/17/01
30	10/17/01
31	10/17/01
32	10/17/01
33	✓
34	✓
35	N
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Claim	Date
Final	10/17/01
Original	10/17/01
51	10/17/01
52	10/17/01
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97	10/17/01
98	10/17/01
99	10/17/01
100	10/17/01

Claim	Date
Final	
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If more than 150 claims or 10 actions  
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**BEST AVAILABLE COPY**